



# Fax

<b>Attention:</b>	Mail Stop ISSUE FEE	<b>From:</b>	Travis Dodd
<b>Fax:</b>	(571) 273-2885	<b>Fax:</b>	(818) 833-2065
<b>Examiner's Phone:</b>		<b>Phone:</b>	(818) 833-2014
<b>Company:</b>	United States Patent and Trademark Office	<b>Company:</b>	Quallion LLC
<b>Re:</b>	Application Serial No. 10/820,955	<b>Pages:</b>	5
	Filing Date: April 7, 2004 Confirmation No. 9548 Inventor(s): BERG, Paul et al. Examiner: WILLS, Monique M. Group Art Unit: 1795 for BATTERY CONNECTION STRUCTURE AND METHOD Our File No. Q207-US1	<b>Date:</b>	September 1, 2010

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## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on September 1, 2010:

- Transmittal of Payment of Issue Fee (Small Entity) (1 page)
- Fee Transmittal (1 page)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (1 page)
- Form PTO-2038, credit card authorization (1 page)

Lisa K. Robbins  
(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91382-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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**TRANSMITTAL  
FORM**  
*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	10/820,955
Filing Date	April 7, 2007
First Named Inventor	Berg, Paul et al.
Group Art Unit	1795
Examiner Name	WILLS, Monique M.
Total Number of Pages in This Submission	Attorney Docket Number Q207-US1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavit/Declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	Issue Fee Transmittal
Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 09/01/2010

Phone: (818) 833-2003  
Fax: (818) 833-2065

By:

  
 Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91382-3127

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
 in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name	TRAVIS DODD		
Signature		Date	



## FEE TRANSMITTAL

Attorney Docket No.	Q207-US1
First Named Inventor:	BERG, Paul et al.
Application Number	10/820,935
Filing Date:	April 7, 2004
Examiner Name:	1795
Group/Art Unit:	WILLS, Monique M.

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 755.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  2. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

**2. UTILITY Basic Filing Fee & Claims**

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	22 - 26 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	5 - 5 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
<b>Total of above Calculations =</b>					<b>\$0.00</b>
<b>Basic Filing Fee</b>	<b>Large Entity</b>	<b>Small Entity</b>	<b>Total</b>		
Design filing fee	\$220.00	\$110.00	\$0.00		
Reissue filing fee	\$330.00	\$165.00	\$0.00		
Provisional filing fee	\$220.00	\$110.00	\$0.00		
<b>Total of above Calculations =</b>					<b>\$0.00</b>

**3. ADDITIONAL FEES**

Fee Description	Large Entity	Small Entity	Other
Issue Fee	\$ 755.00	\$ 755.00	\$ 755.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$755.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	09/01/2010